



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044200001

CITY OR TOWN GILL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TURNERS FALLS SCHUETZEN VEREIN ATHLETIC ASSOC.

DOING BUSINESS AS

ADDRESS 55 BARTON COVE RD

CITY/TOWN: GILL

STATE: MA

ZIP CODE: 01354

MANAGER: merriam, bruce

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 32' X 24' CLUB DIVIDING WITH BAR AREA. MEETING ROOM AND TWO BATHROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044200003

CITY OR TOWN GILL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B&G GOLF ASSOCIATES, LLC

DOING BUSINESS AS OAK RIDGE GOLF CLUB

ADDRESS 231 WEST GILL ROAD

CITY/TOWN: GILL

STATE: MA

ZIP CODE: 01354

MANAGER: GIVERTSON,  
RICHARD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF FOUR ROOMS WITH THREE OUTSIDE PORCHES AND PATIO.  
ALL LOCATED ON SAME FLOOR. NO BASEMENT, THREE ENTRANCES AND EXITS. LIVING  
QUARTERS ON THE SECOND FLOOR OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044200004

CITY OR TOWN GILL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JRS OF GILL LLC

DOING BUSINESS AS JAN'S PACKAGE STORE

ADDRESS 6 MAIN RD

CITY/TOWN: GILL

STATE: MA

ZIP CODE: 01354

MANAGER: SHAW,  
JONATHAN R.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG CONSISTING OF RETAIL SPACE AND STORAGE ON EASTERLY SIDE  
OF MAIN RD

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044200007

CITY OR TOWN GILL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WAGON WHEEL DRIVE-IN, LLC

DOING BUSINESS AS WAGON WHEEL COUNTRY DRIVE-IN

ADDRESS 39 FRENCH KING HIGHWAY

CITY/TOWN: GILL

STATE: MA

ZIP CODE: 01376

MANAGER: MILLER, JON B.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SIT DOWN RESTAURANT/DINER WITH A VARIETY OF MENU ITEMS.

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 044200009

CITY OR TOWN GILL

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRANKLIN COUNTY BREWING CO.

DOING BUSINESS AS THE GILL STORE AND TAVERN

ADDRESS 326 MAIN ROAD

CITY/TOWN: GILL

STATE: MA

ZIP CODE: 01354

MANAGER: BOOTH, ALDEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE GROUND LEVEL FLOOR W/2 ROOMS A BATHROOM KITCHEN AND WALKIN COOLER  
IN A 200 YR OLD WOOD , COLONIAL STYLE STRUCTURE.

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